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## FOR THE COMMANDER:

DATE TYPED NAME AND GRADE OF AUTHORIZING OFFICER SIGNATURE

*I certify that each member whose signature appears on (this and following pages) (the attached machine listing) of this authorization actually attended each period of inactive duty training for a minimum of two hours, and that the name of each member who did not attend has been lined out.*

DATE	ORGANIZATION	TYPED NAME, GRADE AND SSAN OF OFFICER IN CHARGE	SIGNATURE